

SunTrust Bank
Tomorrow's Bank Today

**CORPORATE
ACCOUNT
OPENING FORM**

ACCOUNT SIGNATORY'S DETAILS

Surname: First Name:

Other Name: Mother's Maiden Name:

Date of Birth: Gender: M F Nationality (for non-Nigerians):

BVN: NIN:

Means of Identification

Date of Issue: Day Month Year ID Expiry Date: Day Month Year ID No:

Occupation: Position/Office of the Officer:

Status/Job Title:

Source of Funds: Source of Wealth:

Residential Address

House Number: Street Name:

Nearest Bus Stop/Landmark: L.G.A.: City Town:

Mobile No: Email:

Class of Signatory:
Please indicate class in the box provided

Signature: _____ Date: Day Month Year

ARE YOU A POLITICALLY EXPOSED PERSON (PEP)? YES NO ASSOCIATE PEP: YES NO

DOMESTIC PEP: YES NO FOREIGN PEP: YES NO

ACCOUNT SIGNATORY'S DETAILS

Surname: First Name:

Other Name: Mother's Maiden Name:

Date of Birth: Gender: M F Nationality (for non-Nigerians):

BVN: NIN:

Means of Identification

Date of Issue: Day Month Year ID Expiry Date: Day Month Year ID No:

Occupation: Position/Office of the Officer:

Status/Job Title:

Source of Funds: Source of Wealth:

Residential Address

House Number: Street Name:

Nearest Bus Stop/Landmark: L.G.A.: City Town:

Mobile No: Email:

Class of Signatory:
Please indicate class in the box provided

Signature: _____ Date: Day Month Year

ARE YOU A POLITICALLY EXPOSED PERSON (PEP)? YES NO ASSOCIATE PEP: YES NO

DOMESTIC PEP: YES NO FOREIGN PEP: YES NO

DETAILS OF THE DIRECTORS/ EXECUTIVES/TRUSTEES

Surname: Other Name:

First Name: Mother's Maiden Name:

Date Of Birth: Gender: M F

BVN: NIN:

Nationality (for non-Nigerians): ID No:

Means of Identification: ID Expiry Date:

Date of Issue: Day Month Year

Position/Office of the Officer:

Occupation: Status/Job Title:

Source of Funds: Source of Wealth:

Residential Address

House Number: Street Name:

Nearest Bus Stop/Landmark:

City Town: Local Govt Area:

Mobile No: Home Phone No:

Email:

Signature: _____ Date:

ARE YOU A POLITICALLY EXPOSED PERSON (PEP)? YES NO ASSOCIATE PEP: YES NO

DETAILS OF THE DIRECTORS/ EXECUTIVES/TRUSTEES

Surname: Other Name:

First Name: Mother's Maiden Name:

Date Of Birth: Gender: M F

BVN: NIN:

Nationality (for non-Nigerians): ID No:

Means of Identification: ID Expiry Date:

Date of Issue: Day Month Year

Position/Office of the Officer:

Occupation: Status/Job Title:

Source of Funds: Source of Wealth:

Residential Address

House Number: Street Name:

Nearest Bus Stop/Landmark:

City Town: Local Govt Area:

Mobile No: Home Phone No:

Email:

Signature: _____ Date:

ARE YOU A POLITICALLY EXPOSED PERSON (PEP)? YES NO ASSOCIATE PEP: YES NO

FOREIGN ACCOUNT TAX COMPLIANCE ACT (FATCA)

DO YOU HOLD A UNITED STATES OF AMERICA (USA) PASSPORT/CITIZENSHIP?

YES

NO

FATCA WAIVER REQUIRED IF YOU ARE A U.S. CITIZEN:

I hereby irrevocably and unconditionally DISCHARGE AND RELEASE SunTrust Bank Nigeria Limited (the Bank) from any duty or obligation of confidentiality owed to me in respect of the account(s) held with the Bank, and I do also irrevocably and unconditionally DISCHARGE AND RELEASE the Bank from all and any claims, demands liabilities, interest, damages, expenses, costs and penalties, present or in future in respect of any action or liability whatsoever arising from the disclosure of information by the Bank to the US Internal Revenue Services (IRS) or other governmental authority of the United States of America.

SIGNATURE:

[Signature box]

DATE:

[D][D][M][M][Y][Y][Y][Y]

INDEMNITY

The Managing Director,
SunTrust Bank Nigeria Limited,
No 1 Oladele Olashore Street,
Victoria Island,
Lagos State.

Dear Sir,

INDEMNITY FOR ACCOUNT OPERATION VIA E-MAIL INSTRUCTION

We _____ whose corporate address is at _____ (hereinafter called "the Customer" which expression shall wherever the context so admits include our successors-in-title and assigns) hereby give this Indemnity to SunTrust Bank Nigeria Limited. WHEREAS we have requested that the Bank honour all transactions and requests on our account(s) no. _____ domiciled with the Bank at our request via e-mail address: _____, notwithstanding the advice of the Bank that the account be operated via signed instructions. IN CONSIDERATION of SunTrust Bank Nigeria Limited (hereinafter called "the Bank") acting upon email instructions from the above named email address in relation to the account, We hereby irrevocably indemnify the Bank against all costs, losses, damages, expenses, injuries, claims or suit arising from and any adverse condition that it may suffer or that may be occasioned by reason of its acceptance of, and/or the Bank acting on our email instructions, given in respect of the aforesaid accounts through the aforesaid medium and or by reason of the failure, delay or neglect in regularizing the instructions as may be required, including but not limited to the following;

1. The risk of unauthorized transactions on our account via e-mail;
2. The unauthorized usage of our e-mail address;
3. Any cost, expense, damage or claim whatsoever which the Bank may incur or become liable from the operation of our account via e-mail.

We acknowledge and recognize that access to our email is a security check for our account operations and as such, We undertake to be fully and solely responsible for all risks that may arise from all messages sent via our said email, and against all losses which may be suffered by us as a result of the Bank acting/relying on such emails.

THIS INDEMNITY shall be continuing and shall remain in force from the date stated hereunder until released by the Bank.

THIS INDEMNITY shall be construed in accordance with the laws of the Federal Republic of Nigeria.

Dated this ____ day of _____, 20____ The COMMON SEAL of the within-named

.....
was hereunto affixed in presence of:

.....
D I R E C T O R

.....
D I R E C T O R / S E C R E T A R Y

ACCOUNT HELD WITH OTHER BANKS

S/N	Name and Address of Bank/Branch	Account Name	Account Number	Status: Active/Dormant
1				
2				
3				
4				

We request the opening of a current account with SunTrust Bank Nigeria Limited. We certify that the above particulars are correct and agree that they and the information given herein form the basis of this relationship with the bank. We agree to be bound by the terms and conditions governing the operation of the account (s)

AUTHORITY TO DEBIT ACCOUNT FOR SEARCH FEE

.....
.....
.....

Dear Sir,

We hereby authorize you to debit our account with the sum of N.....being the legal cost of search conducted on our account at the Corporate Affairs Commission

Yours faithfully,

Signature_____

Signature_____

LETTER OF SET-OFF

.....
.....
.....

Miss/Mr/Mrs/Chief.....
.....

Dear Sir,,

I/We agree that you (in addition to any general lien or similar right to which you as my/our banker may have at any time and without notice to me/us) combine or consolidate all or any of the company's account with all liabilities to you and set off or transfer any sum standing to the credit of any such accounts, be it cash, cheques, valuable, deposits, securities, negotiable instruments or other assets belonging to me/us with you in or towards satisfaction of any of my/our liabilities to you or any other account or in any other respect, whether which liabilities be actual or contingent, primary or collateral, several or joint.

Signature_____

Signature_____

To: The Manager
SunTrust Bank Nigeria Limited



Dear Sir/Ma,

REFERENCE FORM

Name of Company/Individual _____

I/We confirm that I/We have known the above named individual/company (and its proprietors/partners) for _____

I/We would like to comment about their suitability for maintaining a current account with SunTrust Bank as follows:

I/We maintain a current account with:

Account Name: _____

Bank Name: _____ Address of Bank: _____

Account Number:

--	--	--	--	--	--	--	--	--	--

 Phone No.: _____

Yours faithfully,

Signature

--

 Day

--	--

 Month

--	--

 Year

Name: _____

Address: _____

- Please Note:**
1. Referees must be a current account holder either in SunTrust Bank or any other bank.
 2. Referee's account must not be less than six (6) months old.
 3. Salary account holder(s) are not suitable referees.

“CAUTION” IT IS VERY DANGEROUS TO INTRODUCE A PERSON WHO IS NOT WELL-KNOWN TO YOU

To: The Manager
SunTrust Bank Nigeria Limited



Dear Sir/Ma,

REFERENCE FORM

Name of Company/Individual _____

I/We confirm that I/We have known the above named individual/company (and its proprietors/partners) for _____

I/We would like to comment about their suitability for maintaining a current account with SunTrust Bank as follows:

I/We maintain a current account with:

Account Name: _____

Bank Name: _____ Address of Bank: _____

Account Number:

--	--	--	--	--	--	--	--	--	--

 Phone No.: _____

Yours faithfully,

Signature

--

 Day

--	--

 Month

--	--

 Year

Name: _____

Address: _____

- Please Note:**
1. Referees must be a current account holder either in SunTrust Bank or any other bank.
 2. Referee's account must not be less than six (6) months old.
 3. Salary account holder(s) are not suitable referees.

“CAUTION” IT IS VERY DANGEROUS TO INTRODUCE A PERSON WHO IS NOT WELL-KNOWN TO YOU

Documents Required

	Checked	Deferred	Waived
1. Completed Account Opening Form and Mandate Cards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Specimen Signature Card duly completed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Copy of Certificate of Registration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Copy of Form 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Partnership Deed (where applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Two (2) Recent Passport sized photographs of each signatory to the account with name written on the reverse side.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Introduction Letter (where applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Status Report from Banker (where applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Resident Permit or Work Permit (for non-Nigerians)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Evidence of Registration with Nigeria Investment Promotion Council (NIPC) (where applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Evidence of registration with Special Control Unit on Money Laundering (SCUML) (where applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Search Report	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Power of Attorney (where applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Letter of Indemnity (where applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Proof of Company Address	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Business Premises visitation certificate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Proof of identity of all Signatories and Directors/Officers whose name appear on the account opening form/document (preferred identity cards; International Passport, National Identity Number (NIN), National Driver's Licence, Permanent Voter's Card (PVC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Proof of Address of all signatories and Directors/Officers whose name appear on the account opening form/document utility bill (certified true copy is acceptable if original is not held)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Two satisfactory completed reference forms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Copy of audited Financial Statements (where applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Common Reporting Standards (CRS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Foreign Account Tax Compliance Act (FATCA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Credit Risk Management System [CRMS]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Dud Cheque Screening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Pep Screening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Risk Profiling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Watchlist/Sanction Screening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Deferral/Waiver of Documents (if any) authorised by

FOR BANK USE ONLY

CURRENT ACCOUNT NO:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Account Opened by: **C/S Officer** Date & Signature

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Approved by: **Head of Operations** Date & Signature

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Approved by: **Relationship Manager** Date & Signature

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ACCOUNT OFFICER'S NAME AND SIGNATURE

Approved by: **Internal Control** Date & Signature

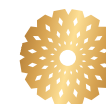
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Approved by: **Compliance** Date & Signature

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Approved by: **Audit** Date & Signature

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Part 1 – Identification of a Controlling Person

(1) **Name of Controlling Person**
 Title (e.g. Mr, Mrs, Ms, Miss) _____
 Last Name or Surname * _____
 First or Given Name * _____
 Middle Name(s) _____

(2) **Identity Card or Passport Number** _____

(3) **Current Residence Address**
 Line 1 (e.g. Suite, Floor, Building, Street, District) _____
 Line 2 (City) * _____
 Line 3 (e.g. Province, State) _____
 Country * _____
 Post Code/ZIP Code _____
 Phone Number(s) * _____

(4) **Mailing Address (Complete if different from the current residence address)**
 Line 1 (e.g. Suite, Floor, Building, Street, District) _____
 Line 2 (City)* _____
 Line 3 (e.g. Province, State) _____
 Country * _____
 Post Code/ZIP Code _____

(5) **Date of Birth * (dd/mm/yyyy)** _____

(6) **Place of Birth (Not compulsory)**
 Town/City _____
 Province/State _____
 Country _____

Part 2 – The Entity Account Holder(s) of which you are a Controlling Person*

Enter the name of the Entity Account

Entity	Name of the Entity Account Holder
(1)	
(2)	
(3)	

Part 3 – Jurisdiction of Residence and Taxpayer Identification Number or its Functional Equivalent (“TIN”)*

Complete the following table indicating (a) the jurisdiction of residence where the controlling person is a **resident for tax purposes** and (b) the controlling person’s TIN for each jurisdiction indicated. Indicate **all** jurisdictions of residence. Note that, this is not restricted to three (3), additional information should be completed on a separate sheet. (See “TIN” in appendix of Key Terms below)

Documentary Evidence of the TIN should be provided.

If a TIN is unavailable, provide the appropriate reason A, B or C:

Reason A – The jurisdiction where the controlling person is a resident for tax purposes does not issue TIN to its residents.

Reason B – The controlling person is unable to obtain a TIN. Explain why the controlling person is unable to obtain a TIN if you have selected this reason.

Reason C – TIN is not required. Select this reason only if the authorities of the jurisdiction of residence do not require the TIN to be disclosed.

Country/Jurisdiction of tax residence	TIN	If no TIN available enter Reason A, B or C	Explain why the account holder is unable to obtain a TIN if you have selected Reason B
1			
2			
3			

SELF-CERTIFICATION FORM - Controlling Person



Part 4 – Type of Controlling Person

(Tick the appropriate box to indicate the type of controlling person for each stated in Part 2)

Type of Entity	Type of Controlling Person	Entity (1)	(Entity 2)	Entity (3)
Legal Person	Individual who has a controlling ownership interest (i.e. more than 25% of issued share capital)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Individual who exercises control/is entitled to exercise control through other means (i.e. more than 25% of voting rights)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Individual who holds the position of senior managing official/ exercises ultimate control over the management of the entity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trust	Settlor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Trustee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Protector or enforcer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Beneficiary or member of the class of beneficiaries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other (e.g. individual who exercises control over another entity being the settlor/trustee/protector or enforcer/beneficiary)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Legal Arrangement other than Trust	Individual in a position equivalent/similar to settlor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Individual in a position equivalent/similar to trustee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Individual in a position equivalent/similar to protector or enforcer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Individual in a position equivalent/similar to beneficiary or member of the class of beneficiaries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other (e.g. individual who exercises control over another entity being equivalent/similar to settlor/trustee/protector or enforcer/beneficiary)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part 5 – Declaration and Signature

I acknowledge and agree that (a) the information contained in this form is collected and may be kept by the financial institution for the purpose of automatic exchange of financial account information, and (b) such information and information regarding the account holder and any reportable account(s) may be reported by the financial institution to the **FEDERAL INLAND REVENUE SERVICE** and exchanged with the tax authorities of another jurisdiction or jurisdictions in which the account holder may be resident for tax purposes.

I certify that I am a controlling person of the account holder of all the account(s) to which this form relates.

I undertake to advise _____ (state the name of the financial institution) of any change in circumstances which affects the tax residency status of the individual identified in Part 1 of this form or causes the information contained herein to become incorrect, and to provide _____ (state the name of the financial institution) with a suitably updated Self-Certification Form within 30 days of such change in circumstances.

I declare that the information given and statements made in this form are, to the best of my knowledge and belief, true, correct and complete.

Signature: _____

Name: _____

Capacity: _____

Date (dd/mm/yyyy): _____

(Indicate the capacity in which you are signing.)

If signing under a power of attorney, attach a

certified copy of the power of attorney.)

WARNING: It is an offence under section 10(3) of the Income Tax (CRS) Regulations, 2019 for any person, in making a Self-Certification, makes a false statement, false report or false declaration or gives any false information or omission in respect of any information required to be included on an Information Return under regulation 5 of these Regulations, the Service shall impose an administrative penalty of N5,000,000.00 and such person may also be liable to penalties as prescribed in the Act.

SELF-CERTIFICATION FORM - ENTITY



Part 1 – Identification of Account Holder

(For joint or multiple account holders, complete a separate form for each entity account holder.)

A. Legal Name of Entity/Branch* : _____

B. Country of incorporation:* _____

Registered Address (See “Registered Address” in appendix of Key Terms below)

Line 1 (e.g. House/Apt/Suite Name, Number, Street, if any)* : _____

Line 2 (e.g. Town/City/Province/County/State)*: _____

Postal Code/ZIP Code (if any) : _____

Phone Number (s)*: _____

D. Mailing Address (please only complete if different from the address shown in Section C above)

Line 1 (e.g. House/Apt/Suite Name, Number, Street) : _____

Line 2 (e.g. Town/City/Province/County/State) : _____

Country : _____

Postal Code/ZIP Code : _____

Part 2 – Entity Type (Tick one of the appropriate boxes and provide the relevant information)

Financial Institution	<input type="checkbox"/> Custodial Institution, Depository Institution or Specified Insurance Company <input type="checkbox"/> Investment Entity, except an investment entity that is managed by another financial institution (e.g. with discretion to manage the entity’s assets) and located in a non-participating jurisdiction
Active NFE	<input type="checkbox"/> NFE the stock of which is regularly traded on _____ (state the name of the stock), which is an established securities market <input type="checkbox"/> Related entity of _____ (state the name of corporation), the stock of which is regularly traded on _____ state the name of the stock), which is an established securities market <input type="checkbox"/> NFE is a governmental entity, an international organization, a central bank, or an entity wholly owned by one or more of the foregoing entities <input type="checkbox"/> Active NFE other than the above (Please specify _____)
Passive NFE	<input type="checkbox"/> Investment entity that is managed by another financial institution and located in a non-participating jurisdiction <input type="checkbox"/> NFE that is not an active NFE

Part 3 – Controlling Person (Complete this part if the entity account holder is a passive NFE)

Indicate the names of all controlling person(s) of the account holder in the table below. If no natural person exercises control over an entity which is a legal person, the controlling person will be the individual holding the position of senior managing official. Complete Self-Certification Form – Controlling Person for each controlling person.

(1)	(5)
(2)	(6)
(3)	(7)
(4)	(8)

SELF-CERTIFICATION FORM - ENTITY



Part 4 – Jurisdiction of Residence and Taxpayer Identification Number or its Functional Equivalent (“TIN”) *

Complete the following table indicating (a) the jurisdiction of residence where the account holder is a **resident for tax purposes** and (b) the account holder’s **TIN** for each jurisdiction indicated. Indicate **all** jurisdictions of residence. Note that, this is not restricted to three (3), additional information should be completed on a separate sheet. ((See “TIN” in appendix of Key Terms below)

Documentary Evidence of the TIN should be provided.

If a **TIN** is unavailable, provide the appropriate reason A, B or C:

- Reason A** – The jurisdiction where the account holder is a resident for tax purposes does not issue TIN to its residents.
- Reason B** – The account holder is unable to obtain a TIN. Explain why the account holder is unable to obtain a TIN if you have selected this reason.
- Reason C** – TIN is not required. Select this reason only if the authorities of the jurisdiction of residence do not require the TIN to be disclosed.

Country/Jurisdiction of tax residence	TIN	If no TIN available enter Reason A, B or C	Explain why the account holder is unable to obtain a TIN if you have selected Reason B
1			
2			
3			

Part 5 – Declaration and Signature

I acknowledge and agree that (a) the information contained in this form is collected and may be kept by the financial institution for the purpose of automatic exchange of financial account information, and (b) such information and information regarding the account holder and any reportable account(s) may be reported by the financial institution to the **FEDERAL INLAND REVENUE SERVICE** and exchanged with the tax authorities of another jurisdiction or jurisdictions in which the account holder may be resident for tax purposes.

I certify that I am the account holder / I am authorized to sign for the account holder of all the account(s) to which this form relates.

I undertake to advise _____ (state the name of the financial institution) of any change in circumstances which affects the tax residency status of the individual identified in Part 1 of this form or causes the information contained herein to become incorrect, and to provide _____ (state the name of the financial institution) with a suitably updated Self-Certification Form within 30 days of such change in circumstances.

I declare that the information given and statements made in this form are, to the best of my knowledge and belief, true, correct and complete.

Signature: _____

Name: _____

(Indicate the capacity in which you are signing.)

Capacity: _____

If signing under a power of attorney, attach a

Date (dd/mm/yyyy): _____

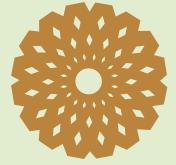
certified copy of the power of attorney.)

WARNING: It is an offence under section 10(3) of the Income Tax (CRS) Regulations, 2019 for any person, in making a Self-Certification, makes a false statement, false report or false declaration or gives any false information or omission in respect of any information required to be included on an Information Return under regulation 5 of these Regulations, the Service shall impose an administrative penalty of N5,000,000.00 and such person may also be liable to penalties as prescribed in the Act.

SUNTRUST BANK NIGERIA LTD

1, Oladele Olashore Street, off Sanusi Fafunwa Street,
 Victoria Island, Lagos, Nigeria.
 Tel: +234 02 (01) 2802141-5
 Email: helpdesk@suntrustng.com / suntrust@suntrustng.com
 www.suntrustng.com

VISITATION REPORT



SunTrust Bank
 Tomorrow's Bank Today

BRANCH	
CUSTOMER NAME	
ACCOUNT NUMBER	
CUSTOMER'S ADDRESS	
FOR OFFICIAL USE ONLY	
ADDRESS DESCRIPTION	
DATE OF VISITATION	
REMARK	
ACCOUNT OFFICER	
ACCOUNT OFFICER'S SIGNATURE	
SUPERVISOR	
SUPERVISOR SIGNATURE	